MISSOURI DIVISION OF HEALTH -- STANDARD CERTIFICATE OF DEATH

0016515

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4061 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

APFILED 30 64

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri
Length of stay in 1b: 11 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Masonic Home of Mo. Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Iowa b. COUNTY
c. CITY OR TOWN Danville
Inside Limits: Yes XX No ☐
d. STREET ADDRESS --- (If outside, give location)
Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First Grace Middle Coad Last Foster

4. DATE OF DEATH: Month, Day, Year: 4/21/64

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married X Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2/27/93

9. AGE (last birthday): 70yrs. 2mos

IF UNDER 1 YEAR: Months ---- Days ----
IF UNDER 24 HR: Hours ---- Min. ----

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): teacher

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (City and state or country): Danville, Iowa

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Robert B. Foster

13b. MOTHER'S MAIDEN NAME: Flora L. Coad

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.:

17. INFORMANT: Masonic Home of Mo. Address: 5351 Delmar Blvd. Carl V. Stein

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis — unknown
DUE TO (c): 332 x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes X No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ none

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none

20c. TIME OF INJURY: Hour a.m. p.m. none — Month, Day, Year -----

20d. INJURY OCCURRED WHILE AT WORK ☐ --- NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) --

20f. CITY, TOWN, OR LOCATION -- COUNTY -- STATE --

21. I attended the deceased from 5/3/63 to 4/21/64 and last saw her alive on 4/20/64
Death occurred at 1:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold E. Walters M.D.
22b. ADDRESS: 3720 Washington St Louis
22c. DATE SIGNED: 4-21-64

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal (auto)
23b. DATE: 4/22/1964
23c. NAME OF CEMETERY OR CREMATORY: Maryville, Cemetery
23d. LOCATION (City, town, or county) (State): Maryville Missouri

24. FUNERAL DIRECTOR ADDRESS: Price Funeral Home Maryville, Mo.
25. DATE RECD. BY LOCAL REG.: APR 22 1964
26. REGISTRAR'S SIGNATURE: Read Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	8148 X		
3			
4	1		
5	0		
6			
7	1		
8	2		
9			
10			
11			
12	86-0		
13			

86

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.